Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is a amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Susan First name Karen Middle name	First name Middle name
	Bring your picture identification to your meeting with the trustee.	Orihuela Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6762	

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 2 of 71

Debtor 1 Susan Karen Orihuela Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs.			
	doing business as names	Busiless lidilie(s)	Business name(s)			
		EINS	EINs			
5.	Where you live	405 Bella Vida Blvd.	If Debtor 2 lives at a different address:			
		Orlando, FL 32828 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Orange				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 3 of 71

Deb	otor 1	Susan Karen Orihi	uela				Case number (if known)			
Par	t 2: 1	Tell the Court About	our Bankr	uptcy Cas	e					
7.	Bankı	hapter of the ruptcy Code you are sing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	CHOOS	sing to the under	■ Chapte	er 7						
			☐ Chapte	er 11						
			☐ Chapte	er 12						
			☐ Chapte	er 13						
8.	How y	you will pay the fee	abo orde a pr	ut how you er. If your at e-printed a	may pay. Typically, if ttorney is submitting y ddress.	you are paying the fe- our payment on your l	heck with the clerk's office in your local ce yourself, you may pay with cash, cashie behalf, your attorney may pay with a cred	er's check, or money it card or check with		
					t he fee in installment <i>in Installments</i> (Officia		option, sign and attach the Application for	Individuals to Pay		
			but i							
9.	bankr	you filed for ruptcy within the	■ No.							
	last 8	years?	☐ Yes.							
				District		When				
				District _		When When	Case number Case number			
				DISTRICT		when	Case number			
10.	Are a	ny bankruptcy s pending or being	■ No							
	filed k not fil you, c	by a spouse who is ling this case with or by a business er, or by an	☐ Yes.							
				Debtor			Relationship to you			
				District		When	Case number, if known			
				Debtor			Relationship to you			
				District _		When	Case number, if known			
11.	-	ou rent your	■ No.	Go to line	e 12.					
	reside	ence?	☐ Yes.	Has you	r landlord obtained an	eviction judgment aga	ainst you?			
				□ N	No. Go to line 12.					
					es. Fill out <i>Initial Stat</i> his bankruptcy petition		ion Judgment Against You (Form 101A) a	and file it as part of		

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 4 of 71

Deb	otor 1 Susan Karen Orih	uela			Case number (if known)
Par	Report About Any Bu	ısinesses	You Owi	n as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	e and location of bus	siness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a		Numl	ber, Street, City, Stat	te & ZIP Code
	separate sheet and attach it to this petition.		Chec	k the appropriate bo	ox to describe your business:
	·				ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	e
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation in 11 U.S	s. If you in ns, cash-f S.C. 1116	ndicate that you are flow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	No.	Talli	not ming under Onap	olei II.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am	filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazard	ous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs			diate attention is , why is it needed?	
	immediate attention?		nocucu	, wity is it lieeded!	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Susan Karen Orihuela

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 6 of 71

Deb	otor 1 Susan Karen Orih	uela		Case numbe	「 (if known)						
Par	t 6: Answer These Quest	ions for Re	porting Purposes								
	What kind of debts do you have?	16a.		ned in 11 U.S.C. § 101(8) as "incurred by an							
		i	□ No. Go to line 16b.								
		İ	■ Yes. Go to line 17.								
			Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.								
		ı	☐ No. Go to line 16c.								
		ı	☐ Yes. Go to line 17.								
		16c. S	State the type of debts you owe th	at are not consumer debts or busines	s debts						
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7. Go	o to line 18.							
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	– 165.		u estimate that after any exempt prop e to distribute to unsecured creditors?	erty is excluded and administrative expenses						
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000						
19.	How much do you estimate your assets to be worth?	\$100,00	0,000 - \$100,000 1 - \$500,000 1 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion						
20.	How much do you estimate your liabilities to be?	□ \$100,00	0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion						
Par	t 7: Sign Below										
	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.									
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.									
		y or agree to pay someone who is no ice required by 11 U.S.C. § 342(b).	t an attorney to help me fill out this								
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection wit bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 134 and 3571. Is/Susan Karen Orihuela											
										aren Orihuela	Signature of Debtor
		Executed of	November 20, 2019 MM / DD / YYYY	Executed on MM	/ DD / YYYY						

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 7 of 71

Debtor 1 Susan Karen Oril	nuela	Cas	se number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Un	nited States Code, and have	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.		es, certify that I have no knov	vledge after an inquiry that the information in the
. •	/s/ Sophia Dean	Date	November 20, 2019
	Signature of Attorney for Debtor		MM / DD / YYYY
	Sophia Dean		
	Printed name		
	The Orlando Law Group		
	Firm name		
	12301 Lake Underhill Rd		
	Suite 213		
	Orlando, FL 32828		
	Number, Street, City, State & ZIP Code		
	Contact phone 407-512-4394	Email address	sdean@theorlandolawgroup.com
	0658642 FL		
	Bar number & State		

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 8 of 71

E:II :	a this inform	ation to identify your	2222				
Debt		ation to identify your					
Debt	OI I	Susan Karen Oril	Middle Name	Last Name	-		
Debt	or 2 se if, filing)	First Name	Middle Name	Last Name	_		
	-	kruptcy Court for the:	MIDDLE DISTRICT OF				
Office	u States Dan	iki upicy Court for the.	WIDDLE DISTRICT OF	ILONIDA	-		
Case (if know	number					_	if this is an
						amon	aca ming
∩ffi	cial For	m 106Sum					
			and Liabilities ar	nd Certain Statistical Infor	mation	,	12/15
Be as	complete an	nd accurate as possibut all of your schedul	ole. If two married people es first; then complete the	are filing together, both are equally rese information on this form. If you are the box at the top of this page.	sponsible fo		
Part		rize Your Assets		. mo box at mo top of and page.			
ı art	J. Julillia	ilize Tour Assets					
						Your as Value o	ssets of what you own
1.	Schedule A/	B: Property (Official Fo	orm 106A/B)				
	1a. Copy line	55, Total real estate, f	rom Schedule A/B			\$	162,462.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B			\$	22,158.14
	1c. Copy line	63, Total of all propert	y on Schedule A/B			\$	184,620.14
Part :	2: Summa	rize Your Liabilities					
						Your li	abilities
							t you owe
			laims Secured by Property mn A, Amount of claim, at	(Official Form 106D) the bottom of the last page of Part 1 of S	chedule D	\$	264,103.05
3.	Schedule E/F 3a. Copy the	F: Creditors Who Have total claims from Part	Unsecured Claims (Officia 1 (priority unsecured claim	I Form 106E/F) s) from line 6e of <i>Schedule E/F</i>		\$	0.00
				laims) from line 6j of Schedule E/F		\$	250,756.00
				Your to	tal liabilities	\$	514,859.05
			_				
Part	Summa	rize Your Income and	Expenses				
		Your Income (Official Formbined monthly incom		1		\$	7,007.49
		Your Expenses (Official onthly expenses from li				\$	7,499.48
Part -	4: Answer	These Questions for	Administrative and Stati	stical Records			
6.	-	•	er Chapters 7, 11, or 13? on this part of the form. C	heck this box and submit this form to the	court with yo	ur other sch	nedules.
7.	■ Yes What kind o	f debt do you have?					
				debts are those "incurred by an individual g for statistical purposes. 28 U.S.C. § 15		a personal,	family, or
		ebts are not primarily		ve nothing to report on this part of the for	m. Check this	s box and su	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 9 of 71

Debtor 1 Susan Karen Orihuela

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,676.33

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	54,546.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	54,546.00

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 10 of 71

Fill	n this inform	nation to identify	your case and th	nis filing	a:				
Deb	tor 1	Susan Karei	n Orihuela						
Dah	t 0	First Name	Middle	Name	Last Name				
	tor 2 ise, if filing)	First Name	Middle	Name	Last Name				
Unit	ed States Ban	nkruptcy Court for	the: MIDDLE D	ISTRIC ⁻	T OF FLORIDA				
Cas	e number							Check if this is an amended filing	
		/=							
		m 106A/E	_						
		e A/B: Pi			only once. If an asset fits in more than one			12/15	
think inforr	it fits best. Be nation. If more er every quest	e as complete and space is needed, ion.	accurate as possibl attach a separate sl	e. If two heet to t	married people are filing together, both are his form. On the top of any additional pages Estate You Own or Have an Interest In	equally responsible	for supply	ing correct	
1. Do	you own or ha	ave any legal or eq	juitable interest in a	ıny resid	lence, building, land, or similar property?				
	No. Go to Part	2.							
	Yes. Where is	the property?							
1.1				What	is the property? Check all that apply				
	405 Bella V				Single-family home	Do not deduct secured claims or exemptions. Put			
	Street address, if available, or other description						unt of any secured claims on Schedule D: s Who Have Claims Secured by Property.		
					Condominium or cooperative				
					Manufactured or mobile home	Current value of the		urrent value of the	
	Orlando	FL	32828-0000		Land	entire property?		ortion you own?	
	City	State	ZIP Code		Investment property	\$324,924	.00	\$162,462.00	
					Timeshare Other		•	ownership interest by by the entireties, or	
				Who	has an interest in the property? Check one	a life estate), if kno		y by the entireties, or	
	0				Debtor 1 only	Fee simple			
	Orange				,				
	County				Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this i		nity property	
				Othe	r information you wish to add about this ite	,			
					erty identification number:	,			
				Parc	cel ID: 30-22-32-0606-03-150				
2	Add the della	er value of the ne	ortion vou own fo	r all of	your entries from Part 1, including any	ontrine for			
					r here			\$162,462.00	
						L			
Part	2: Describe Y	our Vehicles							
n	1					ad an matO leader		la a como de al	
					ny vehicles, whether they are register Schedule G: Executory Contracts and Un		any venic	ies you own that	
3. C	ars, vans, tru	cks, tractors, sp	ort utility vehicle	s, moto	orcycles				
	No								
_	Yes								
_	. 00								

Official Form 106A/B Schedule A/B: Property page 1

De	ebtor 1	Susan Karen	Orihuela	Case number (if known)	
			or homes, ATVs and other recreational vehicles, other venotors, personal watercraft, fishing vessels, snowmobiles, n		
ı	No				
	☐ Yes				
			he portion you own for all of your entries from Part 2, ir d for Part 2. Write that number here		\$0.00
Pa	rt 3: Des	cribe Your Person	al and Household Items		
			gal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
		old goods and fu	urnishings ees, furniture, linens, china, kitchenware		
	□ No	o. Major appliant	oo, farmaro, miono, orima, fatorioriwaro		
	Yes.	Describe			
		[Bedrooms: 5 beds, 3 dressers		
			Kitchen: microwave, refrigerator, dishwasher, wa	ashing machine,	
			dryer, stove, cookware Living room: 2 couches, desk, chair, TV		
			Dining room: table, 4 chairs		\$1,000.00
	Electron Example	es: Televisions an	d radios; audio, video, stereo, and digital equipment; compu	uters, printers, scanners; music col	lections; electronic devices
	■ No □ Yes.	Describe			
			igurines; paintings, prints, or other artwork; books, pictures, ns, memorabilia, collectibles	or other art objects; stamp, coin, c	or baseball card collections;
	■ No				
	⊔ Yes.	Describe			
	Example 	ent for sports and es: Sports, photog musical instrui	raphic, exercise, and other hobby equipment; bicycles, poo	I tables, golf clubs, skis; canoes an	d kayaks; carpentry tools;
	■ No	Describe			
	■ No		shotguns, ammunition, and related equipment		
	□ No [′]	les: Everyday clo	thes, furs, leather coats, designer wear, shoes, accessories		
	Yes.	Describe			
		[Used Clothing		\$100.00
	Jewelry <i>Examp</i> □ No		relry, costume jewelry, engagement rings, wedding rings, he	eirloom jewelry, watches, gems, go	ld, silver

Yes. Describe.....

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 12 of 71

Debtor '	Susan Kareı	n Orihuela	Case number (if known)	
		Costume Jewlery		\$150.00
Exa ■ No	a-farm animals amples: Dogs, cats, o es. Describe	birds, horses		
■ No	•	·	d not already list, including any health aids you did not list	
			Part 3, including any entries for pages you have attached	\$1,250.00
Part 4:	Describe Your Finan	cial Assets		
Do you	own or have any l	egal or equitable interest	in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	amples: Money you o	have in your wallet, in your l	nome, in a safe deposit box, and on hand when you file your petitio	n
	institutions.		counts; certificates of deposit; shares in credit unions, brokerage h ts with the same institution, list each.	ouses, and other similar
■ Ye	es		Institution name:	
		17.1.	PNC Bank Virtual Wallet With Performance Select XXXX-2097	\$139.16
		17.2.	PNC Bank Virtual Wallet Reserve XXXX-2118	\$0.00
		17.3.	PNC Bank Virtual Wallet Growth XXXX-2126	\$0.00
		17.4.	PNC Bank Standard Checking XXXX-6964	\$197.22
		17.5.	Navy Federal Credit Union Membership Savings XXXX-5127	\$0.00
		17.6.	Navy Federal Credit Union Everyday Checking XXXX-3908	\$18.65
	amples: Bond funds,	or publicly traded stocks investment accounts with b	prokerage firms, money market accounts	
	es	Institution or issue	er name:	
	nt venture	ock and interests in incor	porated and unincorporated businesses, including an interest	in an LLC, partnership, and
□Y€		ormation about them	 Schedule A/B: Property	2000
Jinciai F	UIIII IUOA/D		Schedule A/D. Flopelly	page 3

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 13 of 71

De	ebtor 1	Susan Karen Orihuela		Case number (if known)	
		Name of entity:		% of ownership:	
20.	Negotia Non-ne ■ No	ment and corporate bonds and other nego- able instruments include personal checks, case- egotiable instruments are those you cannot transfer the specific information about them Issuer name:	shiers' checks, promissory notes, a	nd money orders.	
21.	Exampa □ No □	nent or pension accounts les: Interests in IRA, ERISA, Keogh, 401(k), 4 List each account separately.	103(b), thrift savings accounts, or o	ther pension or profit-sharing plan	s
	■ 165. L	Type of account:	Institution name:		
			401k		\$20,553.11
22.	Your sh	y deposits and prepayments hare of all unused deposits you have made so les: Agreements with landlords, prepaid rent,			or others
	_		Institution name or individua	al:	
	Annuition ■ No □ Yes	es (A contract for a periodic payment of mone Issuer name and description.	ey to you, either for life or for a num	iber of years)	
	Interests 26 U.S.C No Yes	s in an education IRA, in an account in a q C. §§ 530(b)(1), 529A(b), and 529(b)(1).	nualified ABLE program, or under		m.
	■ No	equitable or future interests in property (o	other than anything listed in line	1), and rights or powers exercis	able for your benefit
	Patents Example ■ No	e, copyrights, trademarks, trade secrets, ar les: Internet domain names, websites, procee		eements	
	Example ■ No	es, franchises, and other general intangible les: Building permits, exclusive licenses, coop		r licenses, professional licenses	
M	oney or p	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	unds owed to you Give specific information about them, including	g whether you already filed the retu	urns and the tax years	
29.	Family s Example	support les: Past due or lump sum alimony, spousal s	support, child support, maintenance	e, divorce settlement, property sett	lement

☐ Yes. Give specific information.....

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 14 of 71

Debto	r 1	Susan Karen Orihuela	Case number (if known)	
E) _	xample	nounts someone owes you es: Unpaid wages, disability insurance payments, disability benef benefits; unpaid loans you made to someone else	fits, sick pay, vacation pay, workers' compe	nsation, Social Security
■ 1 □ \		Give specific information		
	xample	s in insurance policies es: Health, disability, or life insurance; health savings account (H	SA); credit, homeowner's, or renter's insurar	nce
_ `	Yes. N	lame the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
lf :	you ar omeon	erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life instead e has died.		eive property because
`		Give specific information		
<i>E</i> : ■ 1	xample No	against third parties, whether or not you have filed a lawsuit es: Accidents, employment disputes, insurance claims, or rights to Describe each claim		
= 1	No	ontingent and unliquidated claims of every nature, including Describe each claim	counterclaims of the debtor and rights to	set off claims
I	No	incial assets you did not already list Give specific information		
		e dollar value of all of your entries from Part 4, including any t 4. Write that number here		\$20,908.14
Part 5:	Desc	cribe Any Business-Related Property You Own or Have an Interest In	. List any real estate in Part 1.	
■ N	o. Go t	wn or have any legal or equitable interest in any business-related pro o Part 6. o to line 38.	perty?	
Part 6:		cribe Any Farm- and Commercial Fishing-Related Property You Own u own or have an interest in farmland, list it in Part 1.	or Have an Interest In.	
	No. G	own or have any legal or equitable interest in any farm- or co so to Part 7. Go to line 47.	ommercial fishing-related property?	
Part 7:		Describe All Property You Own or Have an Interest in That You Did I	Not List Above	
	xample	have other property of any kind you did not already list? es: Season tickets, country club membership		
_		live specific information		
54. A	dd th	e dollar value of all of vour entries from Part 7. Write that nu	mber here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 15 of 71

Debtor 1 Susan Karen Orihuela				Case number (if known)	
Part	8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$162,462.00
56.	Part 2: Total vehicles, line 5		\$0.00		
57.	Part 3: Total personal and household items, line 15	\$	1,250.00		
58.	Part 4: Total financial assets, line 36	\$20	0,908.14		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$22	2,158.14	Copy personal property total	\$22,158.14
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$184,620.14

Official Form 106A/B Schedule A/B: Property page 6

Debtor 2 Proc Name Middle Name Last Name Debtor 2 Progress 7, Margo Text Name Debtor	Ħ	Il in this information to identify your case:						
Debtor 2 Scove of Hing Fire Name Midde Name Last Name United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA Case number It warm! Check if this is an amended filing Official Form 106C Schedule C: The Property You Claim as Exempt A/19 Se as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and stank to this poge as many copies of Part 2: Additional Pages as necessary. On the top of any additional pages, write your name an asse number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemption—such as those for health aids, rights to receive certain benefits, and the amount of the property being exempted up to the amount of the property amount. If you are claiming state and federal nonbankruptcy exemptions. If U.S.C. § 522(b)(3) You are claiming state and federal nonbankruptcy exemptions. If U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property State of the property and line on Schedule A/B that you claim as exempt. The property is distingtion of the exemption. Specific laws that allow exemption. Specific laws that allow exemptions. If U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that you claim as exempt. The property is a statutory limit. Specific laws that allow ex	De	ebtor 1 Susan Karen Orihuela						
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA Case number Ca	D -		Middle Name	L	ast Name			
Case number Check if this is an amended filling Check if this is an amended filling Official Form 106C Schedule C: The Property You Claim as Exempt A/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/8: Property (Official Form 106A/8) as your source, list the property that you claim as exempt. If more space is season number (If known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a nease number (If known). For each item of property you claim as exempt, you may claim the full fair market value of the property being exempted up to the amount of understanding any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement under—may be unlimited in dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory limit is the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory and the or the applicable statutory in the statutory and the or the applicable statutory limit in the property you list on Schedule A/8 that you claim as exempt. Ill u.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exemption. Specific laws that allow exemption schedule A/B that you claim as exemption of the property and line on Schedule A/B. 1.1 Bedforoms: 5 beds; 3 dressers Kitchen: microwave refrigerator, dishwasher, washing machine, dryer, stockedule A/B. 1.1 Bedforoms: 5 beds; 3 dressers Kitchen: microwave refrigerator, dishwasher, washing machine, dryer, stockedule A/B. 1.1 Bedforoms: 5 beds; 3 dressers Kitchen: microwave refrigerator, dishwasher, washing machine, dryer, stockedule A/B. 1.1 Bedfor			Middle Name	L	_ast Name			
Official Form 106C Schedule C: The Property You Claim as Exempt ### A/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using he property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your hanne or asse number (if known). For each item of property you claim as exempt, you may claim the full fair market value of the property being exempted up to the amount of sepecific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of may applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement of 10% of fair market value of 10% of fair market value of the property being exempted up to the amount of the text of 10% of fair market value of the property being exempted up to the amount of the value of the property being exempted up to the amount of 10% of fair market value of the property being exempted up to the amount of 10% of fair market value of the property and time on the applicable statutory immit. ### Command of the value of the property of the property you list on Schedule A/B that you claim as exempt. ### U.S.C. § 522(b)(3) ### You are claiming federal exemptions. If U.S.C. § 522(b)(2) ### File Const. art. X, § 4(a)(1): 10% of fair market value, up to any applicable statutory limit ### Bedrooms: 5 beds, 3 dressers Kitchen: microwave, refrigerator, dishwasher, washing machine, dryer, stove, cookware ### Used Clothing Line from Schedule A/B. 11.1 ### Bedrooms: 5 beds, 3 dressers Kitchen: microwave, refrigerator, dishwasher, washing machine, dryer, stove, cookware ### Line from Schedule A/B. 6.1 ### Used Clothing Line from Sche	Ur	nited States Bankruptcy Court for the: MID	DLE DISTRICT OF FLO	RIDA				
Official Form 106C Schedule C: The Property You Claim as Exempt 4/19 Se as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. Increase is repedied, fill out and stach to this page as many copies of Part 2: Addinana Page as necessary. On the top of any additional pages, write your name an asse number (if known). For each liter of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of may applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retriement unds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption are particular dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption set of particular dollar amount. Part 1: Identify the Property You Claim as Exempt Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. Prou are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt. Prou are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you claim as Exempt Part 3: Identify the Property and line on Schedule A/B that property on the property in the property and line on Schedule A/B that lists this property on the property and line on Schedule A/B that lists this property on the property and line on Schedule A/B that lists this property on the property and line on Schedule A/B. 1.1 Bedrooms: 5 beds, 3 dressers Kitchen: m	Ca	ase number						
Official Form 106C Schedule C: The Property You Claim as Exempt ### A199 **Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using he property you listed on Schedule ##B: Property (Official Form 106/48) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name an aze number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state specific dollar amount amount as exempt. Henratively, you may claim the full fair market value of the property being exempted up to the amount of your fair market value under a law that limits the exemption to a particular dollar amount. However, if you claim an exemption of 109% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. ### You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on Schedule A/B that lists this property and line on the p	(if k	cnown)						
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 108A/B) as your source. List the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Pages as necessary. On the top of any additional pages, write your name an asse number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount. However, if you claim an exemption you claim. One way of doing so is to state a specific dollar amount sexemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement under—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value of a tax-exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. Part 1: Identify the Property You claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. Part 1: Identify the Property You list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B. that you claim as exempt on Schedule A/B. 1.1 Bedrooms: 5 beds, 3 dressers \$1,000.00 State Amount of the exemption you claim Specific laws that allow exemption. Check only one box for each exemption. Check only one box for each exemption. Specific laws that allow exemption. In 100%	_					_	amended ming	
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 108A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any distingly one property you claim as exempt. If more space is passed in the fill fair market value of the property being exempted up to the amount of the exemption you claim. One way of doing so is to state a specific dollar amount. However, if you claim an exemption of 100% of fair market value of the property being exempted up to the amount of any applicable statutory amount. Total								
the property you listed on Schedule AB: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name an asse number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement unds—may be unlimited in oldiar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claim as exempt. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claim as exempt. Part 2: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claim as exempt. Part 2: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claim as Exempt 2. For any property you list on Schedule A/B that you claim as exempt. Fill in the information below. Part 2: Identify	<u>S</u>	chedule C: The Prope	erty You Cla	<u>aim</u>	as Exempt		4/19	
Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own Copy the value from Schedule A/B that lists this property 405 Bella Vida Blvd Orlando, FL 32828 Orange County Parcel ID: 30-22-32-0606-03-150 Line from Schedule A/B: 1.1 Bedrooms: 5 beds, 3 dressers Kitchen: microwave, refrigerator, dishwasher, washing machine, dryer, stove, cookware Living room: 2 couches, desk, chair, TV Dining room: table, 4 chairs Line from Schedule A/B: 6.1 Used Clothing Line from Schedule A/B: 11.1 \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit Fla. Const. art. X, § 4(a)(2)	For special part of the transfer of the transf	property you listed on Schedule A/B: Property eded, fill out and attach to this page as many de number (if known). The each item of property you claim as exempled as exempted to the first of the property you claim as exempted to the property limit. Some exemption do the applicable statutory limit. Some exemption to a particular dollar amount and the applicable statutory amount. The property You Claim as the property You Claim as the property You claim as the property You are claiming state and federal nonbatical you are claiming federal exemptions.	ty (Official Form 106A/B) copies of Part 2: Additional Part 2: Additio	e amo full fa r heal n exer ty is c	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. If market value of the property be thaids, rights to receive certain be inption of 100% of fair market value determined to exceed that amount our spouse is filing with you. S.C. § 522(b)(3)	claim as exc additional p One way of sing exempt penefits, and te under a la	empt. If more space is ages, write your name and doing so is to state a ed up to the amount of d tax-exempt retirement aw that limits the	
Schedule A/B that lists this property Check only one box for each exemption.	2.							
405 Bella Vida Blvd Orlando, FL 32828 Orange County Parcel ID: 30-22-32-0606-03-150 Line from Schedule A/B: 1.1 Bedrooms: 5 beds, 3 dressers Kitchen: microwave, refrigerator, dishwasher, washing machine, dryer, stove, cookware Living room: table, 4 chairs Line from Schedule A/B: 6.1 Used Clothing Line from Schedule A/B: 11.1 \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit Fla. Const. art. X, § 4(a)(1); Fla. Stat. Ann. §§ 222.01 & 222.02 Fla. Const. art. X, § 4(a)(2)			portion you own	· ·		ореспіс іа	ws that allow exemption	
32828 Orange County Parcel ID: 30-22-32-0606-03-150 Line from Schedule A/B: 1.1 Bedrooms: 5 beds, 3 dressers Kitchen: microwave, refrigerator, dishwasher, washing machine, dryer, stove, cookware Living room: 2 couches, desk, chair, TV Dining room: table, 4 chairs Line from Schedule A/B: 6.1 Used Clothing Line from Schedule A/B: 11.1 \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100				Check only one box for each exemption.				
Parcel ID: 30-22-32-0606-03-150 Line from Schedule A/B: 1.1 Bedrooms: 5 beds, 3 dressers Kitchen: microwave, refrigerator, dishwasher, washing machine, dryer, stove, cookware Living room: 2 couches, desk, chair, TV Dining room: table, 4 chairs Line from Schedule A/B: 11.1 Used Clothing Line from Schedule A/B: 11.1 \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 Fla. Const. art. X, § 4(a)(2) \$100.00 \$100% of fair market value, up to any applicable statutory limit Fla. Const. art. X, § 4(a)(2)		•	\$162,462.00		100%			
Kitchen: microwave, refrigerator, dishwasher, washing machine, dryer, stove, cookware Living room: 2 couches, desk, chair, TV Dining room: table, 4 chairs Line from Schedule A/B: 6.1 Used Clothing Line from Schedule A/B: 11.1 \$100.00 100% of fair market value, up to any applicable statutory limit \$100.00 100% of fair market value, up to any applicable statutory limit \$100.00 100% of fair market value, up to any applicable statutory limit 401k Line from Schedule A/B: 21.1		Parcel ID: 30-22-32-0606-03-150			, ·		. AIIII. 99 222.01 &	
dishwasher, washing machine, dryer, stove, cookware Living room: 2 couches, desk, chair, TV Dining room: table, 4 chairs Line from Schedule A/B: 6.1 Used Clothing Line from Schedule A/B: 11.1 \$100.00 100% of fair market value, up to any applicable statutory limit \$100.00 100% of fair market value, up to any applicable statutory limit 401k Line from Schedule A/B: 21.1 \$20,553.11 \$20,553.11 \$100% of fair market value, up to any applicable statutory limit Fla. Stat. Ann. § 222.21(2)		•	\$1,000.00		\$900.00	Fla. Con	st. art. X, § 4(a)(2)	
Line from Schedule A/B: 11.1 401k Line from Schedule A/B: 21.1 \$20,553.11 Line from Schedule A/B: 21.1 \$20,553.11		dishwasher, washing machine, drye stove, cookware Living room: 2 couches, desk, chair, TV Dining room: table, 4 chairs						
401k Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit *20,553.11 \$20,553.11 \$20,553.11			\$100.00	_	\$100.00	Fla. Con	st. art. X, § 4(a)(2)	
Line from Schedule A/B: 21.1		Line from Schedule A/B: 11.1						
Line from Schedule A/B: 21.1			\$20,553.11		100%	Fla. Stat	. Ann. § 222.21(2)	
		Line from Schedule A/B: 21.1	<u> </u>		100% of fair market value, up to			

Official Form 106C

any applicable statutory limit

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 17 of 71

Debtor 1	Sus	san Karen Orihuela	Case number (if known)	
(Sub	•	claiming a homestead exemption of more than \$170,350? to adjustment on 4/01/22 and every 3 years after that for cases filed on o	r after the date of adjustment.)	
	Yes.	Did you acquire the property covered by the exemption within 1,215 day	s before you filed this case?	
		No		
		Yes		

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 18 of 71

				90 -0 0	
Fill	in this information to identify	your case:			
Del	otor 1 Susan Karen	Orihuela			
	First Name	Middle Name Last Name		-	
	otor 2 buse if, filing) First Name	Middle Name Last Name		-	
Uni	ted States Bankruptcy Court for	the: MIDDLE DISTRICT OF FLORIDA		-	
	se number			Chook	if this is an
(11 10	io mily			_	ded filing
	<u>ficial Form 106D</u> chedule D: Credito	rs Who Have Claims Secured	d by Propert	у	12/15
s ne		ole. If two married people are filing together, both are equ Il it out, number the entries, and attach it to this form. Or			
	any creditors have claims secure	d by your property?			
	☐ No. Check this box and subn	nit this form to the court with your other schedules. Yo	ou have nothing else	to report on this form.	
	■ Yes. Fill in all of the informati	•	3	•	
Dar	t 1: List All Secured Claims	on below.			
		and the second s	Column A	Column B	Column C
for e	each claim. If more than one creditor	has more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. As betical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Bella Vida at Timber				
2.1	Springs	Describe the property that secures the claim:	\$0.00	\$324,924.00	\$0.00
	c/o Bono & Associates 640 E. State Road 434 Suite 3000 Longwood, FL 32750	405 Bella Vida Blvd Orlando, FL 32828 Orange County Parcel ID: 30-22-32-0606-03-150 As of the date you file, the claim is: Check all that apply. ☐ Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
Wh	o owes the debt? Check one.	Disputed Nature of lien. Check all that apply.			
_	Debtor 1 only	☐ An agreement you made (such as mortgage or sec car loan)	ured		
	Debtor 2 only Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	Debtor Fand Debtor 2 only At least one of the debtors and anoth	· · · · · · · · · · · · · · · · · ·			
=	Check if this claim relates to a community debt	Other (including a right to offset)			
Date	e debt was incurred	Last 4 digits of account number			

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 19 of 71

Deb	tor 1 Susan Karen Orihuela		Case number (if known)		
	First Name Middle N	ame Last Name			
	McCoy Federal Credit				
2.2	Union	Describe the property that secures the claim:	\$68,552.00	\$324,924.00	\$0.00
	Creditor's Name	405 Bella Vida Blvd Orlando, FL			
		32828 Orange County			
		Parcel ID: 30-22-32-0606-03-150			
	P.O. Box 593806	As of the date you file, the claim is: Check all that apply.			
	Orlando, FL 32859	Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who	o owes the debt? Check one.	Nature of lien. Check all that apply.			
■ D	ebtor 1 only	An agreement you made (such as mortgage or	secured		
\Box D	ebtor 2 only	car loan)			
	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
\square A	t least one of the debtors and another	☐ Judgment lien from a lawsuit			
	heck if this claim relates to a	Other (including a right to offset)			
C	community debt				
Date	debt was incurred	Last 4 digits of account number 050	1		
	Nissan Motor				
2.3	Acceptance Corp/Infinity		.		
	Lt	Describe the property that secures the claim:	\$9,775.00	Unknown	Unknown
	Creditor's Name	Lease			
		2017 Nissan Pathfinder			
		Vin: 5n1dr2mn4hc659942 Mileage: 29,028			
	Attn: Bankruptcy	As of the date you file, the claim is: Check all that			
	Po Box 660360 Dallas, TX 75266	apply.			
		Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
Who	owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_		_	accured		
	Pebtor 1 only	☐ An agreement you made (such as mortgage or car loan)	secureu		
_	Debtor 2 only	Поста в и поста в става			
	Debtor 1 and Debtor 2 only It least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien)			
		☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
	check if this claim relates to a community debt	— Other (including a right to offset)			
	•				
	Opened				
	09/17 Last				
Date	Active debt was incurred 3/31/19	Last 4 digits of account number 041	4		
Date	nepr was illented 3/3 1/13	Last + digits of account number	<u>-</u>		

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 20 of 71

Debtor 1	Susan Kar	ren Orihuela		Case number (if known)		
	First Name	Middle Na	ame Last Name			
2.4 Ti r	mber Spring	s HOA	Describe the property that secures the claim:	\$3,904.05	\$324,924.00	\$0.00
Cred C/C L.	ditor's Name Law Office		405 Bella Vida Blvd Orlando, FL 32828 Orange County Parcel ID: 30-22-32-0606-03-150			
80 ⁻ 50	-		As of the date you file, the claim is: Check all the apply. Contingent	ıt		
	lando, FL 32					
Num	nber, Street, City, S	State & Zip Code	Unliquidated			
Who owe	es the debt? C	heck one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debto	,		☐ An agreement you made (such as mortgage of car loan)	r secured		
	r 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At leas	st one of the deb	tors and another	☐ Judgment lien from a lawsuit			
	k if this claim re munity debt	elates to a	Other (including a right to offset)			
Date deb	t was incurred		Last 4 digits of account number			
751	ells Fargo H ortgage	ome	Describe the property that secures the claim:	\$181,872.00	\$324,924.00	\$0.00
Att	ditor's Name tn: Bankrup O. Box 1033 es Moines, IA	5	405 Bella Vida Blvd Orlando, FL 32828 Orange County Parcel ID: 30-22-32-0606-03-150 As of the date you file, the claim is: Check all the apply. ☐ Contingent	ıt		
Num	nber, Street, City, S	State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owe	es the debt? C	heck one.	Nature of lien. Check all that apply.			
■ Debto	,		☐ An agreement you made (such as mortgage of car loan)	r secured		
☐ Debto	r 1 and Debtor 2	only!	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ Check	st one of the deb k if this claim re munity debt	otors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Date deb	t was incurred	Opened 2/03/12 Last Active 3/06/18	Last 4 digits of account number 81	62		
Add the	e dollar value of	f your entries in C	column A on this page. Write that number here:	\$264,103.	05	
	s the last page		the dollar value totals from all pages.	\$264,103.	05	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this infor	mation to identify your	case:		
Debtor 1	Susan Karen Orih	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF F	·LORIDA	
Case number				☐ Check if this is an amended filing
Official Forr		ho Have Unsecu	red Claims	12/15
any executory con Schedule G: Execu Schedule D: Credir left. Attach the Con name and case nu	tracts or unexpired leases utory Contracts and Unexp tors Who Have Claims Sec ntinuation Page to this pag mber (if known).	that could result in a claim. ired Leases (Official Form 10 ured by Property. If more spa e. If you have no information	RIORITY claims and Part 2 for creditors with NON Also list executory contracts on Schedule A/B: P 06G). Do not include any creditors with partially sace is needed, copy the Part you need, fill it out, rong to report in a Part, do not file that Part. On the to	roperty (Official Form 106A/B) and on ecured claims that are listed in number the entries in the boxes on the
	II of Your PRIORITY Un			
	ors have priority unsecure	d claims against you?		
No. Go to F	Part 2.			
☐ Yes.				
☐ No. You ha ☐ Yes. 4. List all of you unsecured clai	r nonpriority unsecured cl	art. Submit this form to the cou aims in the alphabetical orde of for each claim. For each clain	art with your other schedules. For of the creditor who holds each claim. If a creditor is the creditor who holds each claim it is. Do not list claim it is. Do not list claim it is. Do not list claim it is.	nims already included in Part 1. If more
Part 2.				Total claim
4.4	·	l and A dinita	of account wombon	
11171	ty Creditor's Name Mill Valley Road N. NE 68154		of account number	Unknown
Number S	Street City State Zip Code urred the debt? Check one.	As of the date	e you file, the claim is: Check all that apply	
Debto	r 1 only	☐ Contingen	ıt	
☐ Debto	r 2 only	☐ Unliquidate		
	r 1 and Debtor 2 only	☐ Disputed		
_	st one of the debtors and and		PRIORITY unsecured claim:	
☐ Check	k if this claim is for a com	nunity	ans	
debt Is the cla	im subject to offset?	☐ Obligations report as prior	s arising out of a separation agreement or divorce the rity claims	at you did not
■ No		☐ Debts to p	ension or profit-sharing plans, and other similar debt	S
☐ Yes		■ Other. Spe	Pool Loan 405 Bella Vida Blvd Orlando, FL 3 Orange County Parcel ID: 30-22-32-0606-03-150	2828

Debtor	1 Susan Karen Orihuela	Case number (if known)			
4.2	Amerifirst Hm Iprvt Fi Nonpriority Creditor's Name	Last 4 digits of account number	3901	\$29,745.00	
	11171 Mill Valley Road Omaha, NE 68154	When was the debt incurred?	Opened 10/14 Last Active 4/28/18		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed			
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin			
	☐ Yes	Other Specify Unsecured			
4.3	Amex Nonpriority Creditor's Name	Last 4 digits of account number	1443	\$29,927.00	
	Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998	When was the debt incurred?	Opened 06/07 Last Active 2/02/17		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim			
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims			
	■ No	☐ Debts to pension or profit-sharin			
	Yes	Other. Specify Credit Card	<u> </u>		
4.4	Bank Of America Nonpriority Creditor's Name	Last 4 digits of account number	2841	\$43,917.00	
	4909 Savarese Circle Fl1-908-01-50 Tampa, FL 33634	When was the debt incurred?	Opened 10/14 Last Active 8/01/16		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured	J. alatav		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans	ration agreement or divorce that you did not		
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card			

Debtor	1 Susan Karen Orihuela	Case number (if known)				
4.5	Bank Of America	Last 4 digits of account number	7185	\$13,907.00		
	Nonpriority Creditor's Name 4909 Savarese Circle FI1-908-01-50 Tampa, FL 33634	When was the debt incurred?	Opened 12/12 Last Active 9/03/16			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	\square Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.6	Bank Of America Nonpriority Creditor's Name	Last 4 digits of account number	3221	\$12,955.00		
	4909 Savarese Circle FI1-908-01-50	When was the debt incurred?	Opened 02/15 Last Active 9/06/16			
	Tampa, FL 33634 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims				
	■ No	Debts to pension or profit-sharing				
	☐ Yes	Other. Specify Credit Card				
4.7	Bb&t Home Improvement Nonpriority Creditor's Name	Last 4 digits of account number	3908	Unknown		
	142 Eastern Blvd Baltimore, MD 21221	When was the debt incurred?	Opened 10/14 Last Active 11/23/16			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	■ Other. Specify Unsecured				

Debtor	1 Susan Karen Orihuela		Case number (if known)	
4.8	Chase Card Services	Last 4 digits of account number	6055	\$15,736.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 01/08 Last Active 9/20/16	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.9	Dept of Ed / Navient Nonpriority Creditor's Name	Last 4 digits of account number	0503	\$19,634.00
	Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773	When was the debt incurred?	Opened 05/10 Last Active 1/21/15	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	☐ Other. Specify		
		Educationa	I	
4.1	Dept of Ed / Navient Nonpriority Creditor's Name	Last 4 digits of account number	0131	\$6,422.00
	Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773	When was the debt incurred?	Opened 01/17 Last Active 3/31/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	■ Student loans □ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	<u> </u>	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	☐ Other. Specify		

Educational

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 25 of 71

Susan Karen Orihuela		Case number (if known)	
Dept of Ed / Navient Nonpriority Creditor's Name	Last 4 digits of account number	0131	\$4,500.0
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773	When was the debt incurred?	Opened 01/17 Last Active 3/31/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
□ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa	ıl	
Dept of Ed / Navient Nonpriority Creditor's Name	Last 4 digits of account number	0118	\$3,686.0
Attn: Claims Dept Po Box 9635	When was the debt incurred?	Opened 01/18 Last Active 3/31/19	
Wilkes Barr, PA 18773 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	•		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa	ıl	
Dept of Ed / Navient	Last 4 digits of account number	0830	\$3,348.0
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635	When was the debt incurred?	Opened 08/18 Last Active 3/31/19	
Wilkes Barr, PA 18773 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset? —	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes			

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 26 of 71

Debtor	1 Susan Karen Orihuela		Case number (if known)	
4.1	Dept of Ed / Navient	Last 4 digits of account number	0117	\$3,126.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773	When was the debt incurred?	Opened 01/19 Last Active 3/31/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Contingent		
	☐ Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	Student loans	J Claim.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	☐ Other. Specify		
		Educationa	I	
4.1 5	Dept of Ed / Navient Nonpriority Creditor's Name	Last 4 digits of account number	0118	\$2,750.00
	Attn: Claims Dept Po Box 9635	When was the debt incurred?	Opened 01/18 Last Active 3/31/19	
	Wilkes Barr, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
		Educationa	ıl	
4.1 6	Dept of Ed / Navient	Last 4 digits of account number	0705	\$2,750.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773	When was the debt incurred?	Opened 07/18 Last Active 3/31/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	☐ Other. Specify		
		Educationa	ıl	

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 27 of 71

tor 1 Susan Karen Orihuela		Case number (if known)	
Dept of Ed / Navient	Last 4 digits of account number	0507	\$2,400.00
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773	When was the debt incurred?	Opened 05/14 Last Active 5/23/14	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
\square At least one of the debtors and another		i claim:	
☐ Check if this claim is for a commur debt Is the claim subject to offset?	<u> </u>	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify	g plants, and other chimal docto	
— 163	Educationa	I	
Dept of Ed / Navient Nonpriority Creditor's Name	Last 4 digits of account number	1003	\$2,122.00
Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773	When was the debt incurred?	Opened 10/11 Last Active 1/26/15	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	Contingent		
☐ Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	l alaim.	
At least one of the debtors and anothe	Charlent leave	i ciaiii.	
☐ Check if this claim is for a commundebt Is the claim subject to offset?	nity	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	☐ Other. Specify		
	Educationa	I	
Dept of Ed / Navient	Last 4 digits of account number	0830	\$1,693.00
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635	When was the debt incurred?	Opened 08/18 Last Active 3/31/19	
Wilkes Barr, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a commun	0, 1, 1, 1		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 28 of 71

Debto	Susan Karen Orihuela		Case number (if known)	
4.2 0	Dept of Ed / Navient	Last 4 digits of account number	0507	\$1,634.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773	When was the debt incurred?	Opened 05/14 Last Active 5/23/14	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	■ Student loans	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	adion agreement of diverse that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
		Educationa	ll	
4.2 1	Dept of Ed / Navient	Last 4 digits of account number	1003	\$481.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773	When was the debt incurred?	Opened 10/11 Last Active 1/26/15	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	l claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	<u>I</u>	
4.2 2	Discover Financial	Last 4 digits of account number	1198	\$9,721.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 15316	When was the debt incurred?	Opened 02/12 Last Active 10/16/16	
	Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Type of NONPRIORITY unsecured Student loans		
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card	I	

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 29 of 71

Debto	Or 1 Susan Karen Orihuela		Case number (if known)	
4.2	Fidelity Bank	Last 4 digits of account number	7269	\$7,365.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 105075 Atlanta, GA 30348 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim i	Opened 01/15 Last Active 2/21/18 s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Automobile	1	
4.2 4	Kohls/Capital One	Last 4 digits of account number	4602	\$882.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 08/11 Last Active 10/15/16	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	<u>_</u>			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed	I alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i ciaim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other Specify Charge Acc	count	
4.2 5	Lawrence Kendall Bowen Nonpriority Creditor's Name	Last 4 digits of account number		\$250.00
	204 37th Ave. North #313 Saint Petersburg, FL 33704	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify		

Debtor	1 Susan Karen Orihuela		Case number (if known)	
4.2	Midland Funding	Last 4 digits of account number	3516	\$22,653.00
	Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred?	Opened 09/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Factoring C	Company Account Citibank N.A.	
4.2	Midland Funding	Last 4 digits of account number	0138	\$2,447.00
	Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred?	Opened 01/18	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	П		
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	• •	
	Yes	Other. Specify Factoring C	Company Account Citibank N.A.	
4.2	Navient Nonpriority Creditor's Name	Last 4 digits of account number	0918	Unknown
	Attn: Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773	When was the debt incurred?	Opened 09/08 Last Active 09/09	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g pians, and other similar debts	
	1 1 700	I I ()than Chasife.		

Educational

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 31 of 71

Debt	or 1 Susan Karen Orihuela		Case number (if known)	
4.2 9	Navient	Last 4 digits of account number	0918	Unknown
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773	When was the debt incurred?	Opened 09/08 Last Active 09/09	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured Student loans	a ciaim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	☐ Other. Specify		
	00	Educationa	ıl	
4.3 0	Navient	Last 4 digits of account number	0313	Unknown
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640	When was the debt incurred?	Opened 03/09 Last Active 09/09	
	Wilkes-Barre, PA 18773 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	, i	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Student loansObligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	☐ Other. Specify		
	00	Educationa	ıl	
4.3 1	Navient	Last 4 digits of account number	0331	Unknown
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773	When was the debt incurred?	Opened 03/09 Last Active 09/09	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	☐ Other. Specify		
		Educationa	ıl	

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 32 of 71

Debtor	1 Susan Karen Orihuela		Case number (if known)	
4.3	Nissan Motor Acceptance Corp/Infinity Lt	Last 4 digits of account number	8392	\$2,671.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 660360 Dallas, TX 75266 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim i	Opened 1/10/15 Last Active 11/01/17 s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i ciaim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Auto Lease		
4.3	Timepayment Corp, LLC.	Last 4 digits of account number	1115	\$4,034.00
	Nonpriority Creditor's Name 16 New England Executive Office Park S. Burlington, MA 01803	When was the debt incurred?	Opened 07/16 Last Active 2/15/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Lease		
4.3	Universal American Mtg Nonpriority Creditor's Name	Last 4 digits of account number	2344	Unknown
	Attn: Bankruptcy Department 15550 Lightwave Dr., Ste 200 Clearwater, FL 33760	When was the debt incurred?	Opened 08/10 Last Active 08/10	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes			
	□ res	Other. Specify FHA Real E	State Mortgage	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1	Susan	Karen	Orihue	ela
----------	-------	-------	--------	-----

Case number (if known)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 54,546.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$ 0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 196,210.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 250,756.00

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 34 of 71

Fill in this infor	mation to identify your	case:		
Debtor 1	Susan Karen Oril	nuela		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Nissan Motor Acceptance Corp/Infinity Lt Attn: Bankruptcy Po Box 660360 Dallas, TX 75266	2017 Nissan Pathfinder Vin: 5n1dr2mn4hc659942 Mileage: 29,028

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 35 of 71

Fill in this	s information to identify your	case:			
Debtor 1	Susan Karen Ori	huela			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA		
Case num	nber				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
	dule H: Your Cod	ahtors			12/15
<u> </u>	dule II. Tour Cou	CDIOIS			12/13
fill it out, a	and number the entries in the e and case number (if known	boxes on the left. Attach . Answer every question	n the Additional Page to	o this page. On the top of	ded, copy the Additional Page, any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No					
Arizon ■ No □ Ye 3. In Co in line	e 2 again as a codebtor only	, Nevada, New Mexico, Pu use, or legal equivalent live cors. Do not include your if that person is a guaran	e with you at the time? spouse as a codebtor tor or cosigner. Make	if your spouse is filing w	ates and territories include ith you. List the person shown creditor on Schedule D (Official nedule E/F, or Schedule G to fill
	olumn 2.	,,		,	,
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The credite Check all schedules the	or to whom you owe the debt nat apply:
3.1				☐ Schedule D, line	
0.1	Name			_ ☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
0.2	Name			_ ☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		

Official Form 106H Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

Fill	in this information to identify your ca	ase:								
Del	btor 1 Susan Kare	n Orihuela								
1	btor 2 puse, if filing)				_					
Uni	ited States Bankruptcy Court for the	: MIDDLE DISTRICT O	F FLORIDA							
	se number nown)		-					ed filing ent showin	ng postpetition	
0	fficial Form 106I					_	MM / DD/ \		onowing date.	
S	chedule I: Your Inc	ome				Į,	VIIVI / DD/	1111		12/15
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing w	ng jointly, and your ith you, do not inclu	spouse ide infor	is liv mati	ing with on abou	you, incl t your sp	ude inforr ouse. If m	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	iling spouse	
	If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work.	Employee and adding	■ Employed			☐ Employed				
		Employment status	☐ Not employed				☐ Not employed			
		Occupation	Client Services Manager Oasis Outsourcing V Inc							
		Employer's name								
	Occupation may include student or homemaker, if it applies.									
		How long employed t	here? 2 years	s 4 mon	ths		_			
Pa	ft 2: Give Details About Mor	nthly Income								
Esti spoi	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, writ	e \$0 in the	space. In	clude your no	n-filing
,	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all e	empl	oyers for	that perso	on on the li	ines below. If	you need
						For De	btor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	9	,676.33	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	9,6	76.33	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Susan Karen Orihuela		Case	e number (if known)			
	Con	by line 4 here	4.	Fo:	9,676.33		Debtor 2 or filing spouse	
_				Ť-	<u> </u>	· —	<u> </u>	
5.	5a. 5b. 5c.	all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5a. 5b. 5c.	\$_ \$_ \$_	979.34 0.00 580.58	\$ \$	N/A N/A N/A	
	5d. 5e. 5f.	Required repayments of retirement fund loans Insurance Domestic support obligations	5d. 5e. 5f.	\$ _ \$ _ \$ _ \$ _	95.98 388.10 0.00	\$ \$ \$ \$	N/A N/A N/A	
	5g. 5h.	Union dues Other deductions. Specify: fsa dep care fsa medical life ins	5g. _ 5h.+ _ _		0.00 416.67 166.67 41.50	*	N/A N/A N/A N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	2,668.84	\$	N/A	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	7,007.49	\$	N/A	
8.	8b. 8c.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8a. 8b.	\$_ \$_	0.00 0.00	\$ \$	N/A N/A	
	8d.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c. 8d.	\$_ \$	0.00	\$	N/A N/A	
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e.	\$_ \$_	0.00	\$ \$ \$	N/A	
	8g.	Pension or retirement income	_ 8g.	\$_	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	- \$_	0.00	+ \$	N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		7,007.49 + \$_		N/A = \$ 7	,007.49
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•	•	chedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies						,007.49
13.	Do y	you expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?				Combined monthly i	

Official Form 106l Schedule I: Your Income page 2

Fill in this inform	ation to identify you	ur case:					
Debtor 1	Susan Karen		•		Ch	eck if this is:	
200.01	Susan Raien	Office				An amended filing	
Debtor 2							wing postpetition chapter
(Spouse, if filing)						13 expenses as of	the following date:
United States Bank	kruptcy Court for the:	MIDDLE	DISTRICT OF FLORIDA			MM / DD / YYYY	
Case number(If known)							
Official Fo							
	e J: Your E						12/1
information. If r		ded, attac	If two married people ar ch another sheet to this n.				
Part 1: Desc	cribe Your Housel	nold					
■ No. Go							
	es Debtor 2 live in	n a separa	te household?				
_ ·		file Officia	al Form 106J-2, <i>Expenses</i>	for Separate Househ	old of De	ebtor 2.	
2. Do you ha	ve dependents?	□ No					
Do not list I Debtor 2.	Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
Do not state				_		_	□ No
dependents	s names.			Daughter		0	Yes
				C		4	□ No
				Son		4	Yes
				Son		6	□ No ■ Yes
							■ Yes □ No
				Son		13	■ Yes
							□ No
				Daughter		18	■ Yes
							□ No
				Mother		78	■ Yes
expenses	openses include of people other th nd your dependen		No Yes				
Part 2: Estir	nate Your Ongoin	g Monthly	/ Expenses				
Estimate your e expenses as of applicable date	a date after the b	ur bankru ankruptcy	ptcy filing date unless y is filed. If this is a supp	ou are using this for lemental <i>Schedule</i> .	rm as a s <i>J</i> , check	supplement in a Cha the box at the top o	apter 13 case to report of the form and fill in the
nclude expens	es paid for with n	on-cash o	overnment assistance i	f vou know			
	ch assistance and		luded it on Schedule I: Y			Your exp	enses
	,						
	or home ownersh and any rent for the		ses for your residence. In lot.	nclude first mortgage	4.	\$	1,500.00
If not inclu	ided in line 4:						
4a. Real	estate taxes				4a.	\$	0.00
•	erty, homeowner's,				4b.	·	0.00
4c. Hom	e maintenance, rep	air, and u	pkeep expenses		4c.	\$	200.00

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 39 of 71

Debtor 1	Susan Karen Orihuela	Case number (if known)	
4d.	Homeowner's association or condominium dues	4d. \$	874.48
5. Add	litional mortgage payments for your residence, such as home equity loans	5. \$	0.00

	se number (if known)	ase numb	Susan Karen Orihuela Ca
			ition.
350.00	6a. \$	6a	ities: Electricity, heat, natural gas
150.00	6b. \$		Water, sewer, garbage collection
150.00	6c. \$		Telephone, cell phone, Internet, satellite, and cable services
0.00	6d. \$		Other. Specify:
	7. \$	_	d and housekeeping supplies
1,200.00	·		
1,200.00	·		Idcare and children's education costs
400.00	9. \$		thing, laundry, and dry cleaning
200.00	10. \$		sonal care products and services
200.00	11. \$	11.	dical and dental expenses
150.00	12. \$	12	nsportation. Include gas, maintenance, bus or train fare.
	13. \$		not include car payments.
100.00	·		ertainment, clubs, recreation, newspapers, magazines, and books
0.00	14. \$	14.	ritable contributions and religious donations
			Jrance.
0.00	150 ¢	150	not include insurance deducted from your pay or included in lines 4 or 20.
0.00	15a. \$		Life insurance
0.00	15b. \$. Health insurance
250.00	15c. \$. Vehicle insurance
0.00	15d. \$	_ 15d.	. Other insurance. Specify:
			es. Do not include taxes deducted from your pay or included in lines 4 or 20.
0.00	16. \$	16.	cify:
	^		allment or lease payments:
575.00	17a. \$. Car payments for Vehicle 1
0.00	17b. \$. Car payments for Vehicle 2
0.00	17c. \$	_ 17c.	. Other. Specify:
0.00	17d. \$	17d.	. Other. Specify:
0.00	40 0	_	r payments of alimony, maintenance, and support that you did not report as
0.00	18. \$	18.	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).
0.00	\$		er payments you make to support others who do not live with you.
	. 19.	_	cify:
			er real property expenses not included in lines 4 or 5 of this form or on Schedu
0.00	20a. \$. Mortgages on other property
0.00	20b. \$	20b.	. Real estate taxes
0.00	20c. \$	20c.	. Property, homeowner's, or renter's insurance
0.00	20d. \$	20d.	. Maintenance, repair, and upkeep expenses
0.00	20e. \$	20e.	. Homeowner's association or condominium dues
0.00	21. +\$	21.	er: Specify:
		_ [
			culate your monthly expenses
7,499.48	\$. Add lines 4 through 21.
	\$. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2
7,499.48	\$. Add line 22a and 22b. The result is your monthly expenses.
		l	
	00 - (66	culate your monthly net income.
7,007.49	23a. \$. Copy line 12 (your combined monthly income) from Schedule I.
7,499.48	23b\$	23b.	. Copy your monthly expenses from line 22c above.
		[
-491.99	220 \$	22-	Subtract your monthly expenses from your monthly income.
-431.33	23c. \$	∠3C.	The result is your monthly net income.
	l. (l.). (en - 41 1	
looroooo baaassa -			
ecrease pecause o	tyaye payment to increase o	origage p	
			, , ,
ec			you expect an increase or decrease in your expenses within the year after you fexample, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? No. Yes Explain here:

Fill in this int	formation to identify your	case:			
Debtor 1	Susan Karen Orih	uela			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	MIDDLE DISTRICT O	F FLORIDA		
Case number					☐ Check if this is an
(ii kilowii)					amended filing
Declar			onsible for supplying corre		12/15
obtaining mo years, or both		connection with a ba	es or amended schedules. Menkruptcy case can result in		
Did you	pay or agree to pay some	one who is NOT an att	orney to help you fill out ba	nkruptcy forms?	
■ No					
☐ Yes	s. Name of person				cy Petition Preparer's Notice, Signature (Official Form 119)
	enalty of perjury, I declare vare true and correct.	that I have read the su	mmary and schedules filed	with this declaration an	d
X /s/ 9	Susan Karen Orihuela		Χ		
Sus	an Karen Orihuela ature of Debtor 1		Signature of D	ebtor 2	
_			Data		
Date	November 20, 2019		Date		

Fill	in this inform	nation to identify you	r case:			
	otor 1	Susan Karen Or				
DCC	ntor r	First Name	Middle Name	Last Name		
	otor 2 use if, filing)	First Name	Middle Name	Last Name		
		nkruptcy Court for the:	MIDDLE DISTRICT OF F			
		in aproy Court for the				
Cas (if kn	e number				_	check if this is an mended filing
Sta Be a	s complete a	of Financial	ble. If two married people a		equally responsible for sup	
		ore space is needed,). Answer every que:		this form. On the top of any	/ additional pages, write you	ir name and case
Par	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	☐ Married■ Not married	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do n	ot include where you live now	<i>'</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Par	Explain	n the Sources of You	r Income			
	Fill in the tota	I amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including partetogether, list it only once ur		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$37,739.63	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Debtor 1 Susan Karen Orihuela Case number (if					e number (if known)				
					Debtor 1		Debtor 2		
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
			■ Wages, commissions, bonuses, tips	\$114,496.00	☐ Wages, com bonuses, tips				
					☐ Operating a business		☐ Operating a	business	
			dar year bef December (■ Wages, commissions, bonuses, tips	\$95,431.00	☐ Wages, com bonuses, tips	missions,	
					☐ Operating a business		☐ Operating a	business	
	and o winnin	ther page. I ach s	oublic benef f you are fili	it payments; ng a joint cas he gross inco	er that income is taxable. Exa pensions; rental income; intere e and you have income that y me from each source separat	est; dividends; money collect ou received together, list it o	ted from lawsuits; only once under De	royalties; an ebtor 1.	
					Debtor 1		Debtor 2		
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below.		Gross income (before deductions and exclusions)
Pa	rt 3:	List	Certain Pa	yments You	Made Before You Filed for E	Bankruptcy			
6.		No.	Neither Deindividual puring the No. Yes	potent of nor Derimarily for a 90 days before Go to line 7 List below e paid that create to adjustment or Debtor 2 or 90 days before Go to line 7 List below e include payo	ach creditor to whom you paid editor. Do not include paymen payments to an attorney for th on 4/01/22 and every 3 years r both have primarily consu- re you filed for bankruptcy, did	mer debts. Consumer debted purpose." If you pay any creditor a total dia total of \$6,825* or more its for domestic support obligates bankruptcy case. If after that for cases filed on mer debts. If you pay any creditor a total dia total of \$600 or more and	I of \$6,825* or more pay gations, such as che or after the date of I of \$600 or more?	re? ments and ti ild support a f adjustment	he total amount you and alimony. Also, do
	Cred	litor'	s Name and	d Address	Dates of paymer	nt Total amount	Amount you	Was this	payment for

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 44 of 71

Case number (if known)

7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. The alimony.	artners; relatives of any ger n control, or owner of 20% of	neral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a general partner; corporations ny managing agent, including one for
	■ No □ Yes. List all payments to an insider.				
		D-1	T-1-1 1	A	Bassas for this recovery
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a debt that benefited an
	Yes. List all payments to an insider				
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for this payment
			paid	still owe	Include creditor's name
Pa	rt 4: Identify Legal Actions, Repossessio	ns, and Foreclosures			
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No				
I	Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency		Status of the case
	FIDELITY BANK vs. SUSAN KAREN NETT 2018-CC-011282-O	CC - Other	Orange County Clerk of Court 425 N Orange Ave Orlando, FL 32801		■ Pending □ On appeal □ Concluded 1/8/2019 Order Enlargement and Extension of Time
	WELLS FARGO BANK NA vs. NETT, SUSANet al. 2018-CA-009714-O	CA - Homestead Residential Foreclosure btwn \$50,001-\$249,999	Orange County Court 425 N Orange A	Ave	■ Pending □ On appeal □ Concluded
		Ψ50,001 Ψ2-13,333	01-9249,999 Offailuo, FL 32001		Pending
	AMERICAN EXPRESS CENTURION BANK CORPORATION vs. NETT, SUSAN K 2017-CA-005989-O	BANK CORPORATION vs. NETT, Agreement/Contra Court Cour		Ave	■ Pending □ On appeal □ Concluded
					4/15/2019 Notice of Mediation APRIL 25, 2019 at 9:00AM
	TIMBER SPRINGS HOMEOWNERS ASSOCIATION INC vs. NETT, ALEX CHARLESet al. 2019-CA-007542-O	CA - Homestead Residential Foreclosure up to \$50,000	Orange County Clerk of Court 425 N Orange Ave Orlando, FL 32801		Pending On appeal Concluded
					11/18/2019 Order Denying Comments: motion to place case on inactive status

Debtor 1 Susan Karen Orihuela

Case number (if known)

	Case title Case number	Nature of the case	Court or agency	Status of th	ne case
	DISCOVER BANK vs. SUSAN K NETT 2019-CC-012949-O	CC - Other	Orange County Clerk of Court 425 N Orange Ave Orlando, FL 32801	☐ On appe	eal led Summons
	NETT, ALEX CHARLES vs. NETT, SUSAN KAREN 2019-DR-007295-O	Dissolution of Marriage with Children	Orange County Clerk of Court 425 N Orange Ave Orlando, FL 32801	☐ On appe	eal
10.	Within 1 year before you filed for bankrupte Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		perty repossessed, foreclosed,	garnished, attached	d, seized, or levied?
	Creditor Name and Address	Describe the Property Explain what happene		Date	Value of the property
	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details. Creditor Name and Address			Date action was	amounts from your Amount
	Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a ■ No □ Yes		perty in the possession of an a	taken ssignee for the bend	efit of creditors, a
Par	t 5: List Certain Gifts and Contributions				
13.	Within 2 years before you filed for bankrup No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	btcy, did you give any git		Dates you gave the gifts	? Value
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or con		fts or contributions with a total	value of more than	\$600 to any charity?
	Gifts or contributions to charities that totamore than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		ou contributed	Dates you contributed	Value

Debtor 1 Susan Karen Orihuela

Del	Susan Karen Orihuela			ase number (if known)				
Par	t 6: List Certain Losses								
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?								
	■ No □ Yes. Fill in the details.								
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the log the amount that insurance has paid. Lace claims on line 33 of Schedule A/B: I	ist pending	Date of your loss	Value of property lost			
Par	t 7: List Certain Payments or Transfer	rs							
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.								
	□ No■ Yes. Fill in the details.								
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment				
	Access Counseling, Inc. 633 W 5th Street Suite 26001 Los Angeles, CA 90071	Credit Counseling Course		4/3/2019	\$25.00				
	The Orlando Law Group 12301 Lake Underhill Rd #213 Orlando, FL 32828		Attorneys Fees		2/8/2019	\$1,400.00			
17.	Within 1 year before you filed for bankri promised to help you deal with your cre Do not include any payment or transfer tha	ditors o	r to make payments to your creditors		r transfer any prope	rty to anyone who			
	■ No □ Yes. Fill in the details.								
	Person Who Was Paid Address		Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have all No Yes. Fill in the details.	ur busin rs made a	ess or financial affairs? as security (such as the granting of a se						
	Person Who Received Transfer Address Person's relationship to you		Description and value of property transferred		any property or received or debts change	Date transfer was made			
19.	Within 10 years before you filed for ban beneficiary? (These are often called assertions)			elf-settled tru	ist or similar device	of which you are a			
	Yes. Fill in the details.								
	Name of trust		Description and value of the prope	erty transferro	ed	Date Transfer was made			

Debtor 1 Susan Karen Orihuela

Case number (if known)

Pai	t 8:	List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and Sto	rage Unit	s			
20.	sold, Includ	n 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, asso	or other financial accou	nts; certificates	of deposit		, ,		
		No Yes. Fill in the details.							
	Nam	e of Financial Institution and 'ess (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of accou	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	•	ou now have, or did you have within 1 or other valuables?	year before you filed for	r bankruptcy, an	y safe dep	oosit box or other depos	tory for securities,		
	■ No □ Yes. Fill in the details.								
		e of Financial Institution Tess (Number, Street, City, State and ZIP Code)		no else had access to it? Describe the contents dress (Number, Street, City, te and ZIP Code)			Do you still have it?		
22.	Have	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	■ No □ Yes. Fill in the details.								
		e of Storage Facility 'ess (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		Describe 1	the contents	Do you still have it?		
Pai	t 9:	Identify Property You Hold or Control	for Someone Else						
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.								
	_	No /es. Fill in the details.							
	-	er's Name 'ess (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value		
Pai	t 10:	Give Details About Environmental Info	ormation						
For	the pu	rpose of Part 10, the following definiti	ons apply:						
	toxic	onmental law means any federal, state substances, wastes, or material into t ations controlling the cleanup of these	he air, land, soil, surfac	e water, ground	• .				
		neans any location, facility, or propert n, operate, or utilize it, including dispo	•	environmental la	aw, wheth	er you now own, operate	, or utilize it or used		
		rdous material means anything an env dous material, pollutant, contaminant		as a hazardous	waste, ha	zardous substance, toxid	substance,		
Rep	ort all	notices, releases, and proceedings th	at you know about, rega	ardless of when	they occu	rred.			
24.	Has a	ny governmental unit notified you tha	t you may be liable or p	otentially liable (under or i	n violation of an environ	mental law?		
	_	No Yes. Fill in the details.							
	Nam	e of site Tess (Number, Street, City, State and ZIP Code)	Governmental un Address (Number, S ZIP Code)			onmental law, if you it	Date of notice		

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 48 of 71

De	btor 1	Susan Karen Orihuela		Case n	umber (if known)					
25.	Have	e you notified any governmental unit o	of any release of hazardous material?							
	_		•							
		No Yes. Fill in the details.								
	Nan	ne of site	Governmental unit	En	vironmental law, if you	Date of notice				
	Add	Iress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		ow it					
26.	Have	e you been a party in any judicial or ad	Iministrative proceeding under any envir	ronmen	tal law? Include settlements	and orders.				
		No								
		Yes. Fill in the details.								
		e Title e Number	Court or agency	Nature	of the case	Status of the				
	Cas	e Number	Name Address (Number, Street, City,			case				
			State and ZIP Code)							
Pa	rt 11:	Give Details About Your Business of	r Connections to Any Business							
27.	With	in 4 years before you filed for bankrup	otcy, did you own a business or have any	y of the	following connections to ar	ny business?				
		lacksquare A sole proprietor or self-employed	in a trade, profession, or other activity,	either f	ull-time or part-time					
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
		☐ A partner in a partnership								
		☐ An officer, director, or managing e	executive of a corporation							
		☐ An owner of at least 5% of the voti	ng or equity securities of a corporation							
		No. None of the above applies. Go to	Part 12.							
	_	••	ill in the details below for each business.	i_						
		siness Name		mployer Identification number	er					
		Iress uber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		o not include Social Security					
	(,,,,,	Name of accountant of bookkeeper	D	ates business existed					
28.			otcy, did you give a financial statement to	o anyoı	ne about your business? Inc	lude all financial				
	insti	tutions, creditors, or other parties.								
		No								
		Yes. Fill in the details below.								
	Nan Add	ne Iress	Date Issued							
	(Num	ber, Street, City, State and ZIP Code)								
Pa	rt 12:	Sign Below								
ha	ve rea	nd the answers on this Statement of Fi	inancial Affairs and any attachments, and	d I decl	are under penalty of perjury	that the answers				
			a false statement, concealing property, on \$250,000, or imprisonment for up to 20			raud in connection				
		§§ 152, 1341, 1519, and 3571.	+,,p	, ,	· · · · · · · · · · · · · · · · · · ·					
/s/	Susa	n Karen Orihuela								
_		Karen Orihuela e of Debtor 1	Signature of Debtor 2							
Da	te N	lovember 20, 2019	Date							
Did	you a	ttach additional pages to Your Statem	nent of Financial Affairs for Individuals F	iling fo	r Bankruptcy (Official Form	107)?				
1	No	. •		•	- • ·	-				
□ \	es/									
		ay or agree to pay someone who is no	ot an attorney to help you fill out bankru	ptcy fo	ms?					
- 1		and of Danier Arr. Lift. 5. 1.	mundous Positions Programmed N. 41	•	Oleman terra (Official E					
	∕es. N :ial Fori		ruptcy Petition Preparer's Notice, Declaratio ment of Financial Affairs for Individuals Filing			page '				
			J		=	1 3-				

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 49 of 71

Debtor 1	Susan Karen Orihuela	Case number (if known)
----------	----------------------	------------------------

Fill in this inform	mation to identify your	case:		
Debtor 1	Susan Karen Oril	nuela		
Dahtan 0	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	MIDDLE DISTRIC	T OF FLORIDA	
Case number			_	
(if known)				☐ Check if this is an amended filing
Official Fo Statemer		n for Indiv	riduals Filing Under Chapto	er 7 12/15
	ividual filing under cha e claims secured by yo		I out this form if:	
You must file this	ever is earlier, unless th	ithin 30 days after	ot expired. you file your bankruptcy petition or by the date so e time for cause. You must also send copies to th	
	eople are filing togethe	r in a joint case, bo	th are equally responsible for supplying correct in	nformation. Both debtors must
	and accurate as possib our name and case nui		s needed, attach a separate sheet to this form. On	the top of any additional pages,
Part 1: List Yo	our Creditors Who Hav	e Secured Claims		
		art 1 of Schedule D	: Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
Identify the cre	elow. editor and the property t	hat is collateral	What do you intend to do with the property tha secures a debt?	t Did you claim the property as exempt on Schedule C?
Creditor's B name:	Sella Vida at Timber S	Springs	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of	405 Palla Vida Ply	d Orlanda El	Retain the property and enter into a	■ Yes
property	405 Bella Vida Blv 32828 Orange Co		Reaffirmation Agreement.	
securing debt:	Dancel ID. 20 22 22		☐ Retain the property and [explain]:	_
One ditarle M	1-0 5- dol 0 di	(11-1		
Creditor's N name:	IcCoy Federal Credi	Union	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
.	405 5 11 1/11 51		Retain the property and enter into a	■ Yes
Description of	405 Bella Vida Blv 32828 Orange Co		Reaffirmation Agreement.	
property securing debt:	Dargel ID. 20 22 22		☐ Retain the property and [explain]:	_
Creditor's N	lissan Motor Accepta	ance	☐ Surrender the property.	□ No
	orp/Infinity Lt		Retain the property and redeem it.	_
			■ Retain the property and enter into a	Yes
Description of	Lease 2017 Nissan Pathf	inder	Reaffirmation Agreement.	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 51 of 71

Debtor 1 Susar	n Karen Orihuela	Case number (if k	known)
property securing debt:	Vin: 5n1dr2mn4hc659942 Mileage: 29,028	☐ Retain the property and [explain]:	
Creditor's Tir name:	mber Springs HOA	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:	405 Bella Vida Blvd Orlando, FL 32828 Orange County Parcel ID: 30-22-32-0606-03-150	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes
Creditor's W e	ells Fargo Home Mortgage	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:	405 Bella Vida Blvd Orlando, FL 32828 Orange County Parcel ID: 30-22-32-0606-03-150	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes
For any unexpired in the information You may assume a	below. Do not list real estate leases. Ur	I in Schedule G: Executory Contracts and Une nexpired leases are leases that are still in effec the trustee does not assume it. 11 U.S.C. § 36	ct; the lease period has not yet ended.
Lessor's name:	Nissan Motor Acceptance Cor	p/Infinity Lt	□ No
Description of leas Property:	sed 2017 Nissan Pathfinder Vin: 5n1dr2mn4hc659942 Mileage: 29,028		■ Yes
Part 3: Sign Be		ny intention about any proporty of my actate th	ot coourse a debt and any personal
property that is su	ubject to an unexpired lease.	y intention about any property of my estate th	at secures a dept and any personal
X /s/ Susan K Susan Kare Signature of I	en Orihuela	Signature of Debtor 2	
Date No	ovember 20, 2019	Date	

Fill in this inform	mation to identify your case:		Ch	neck one	box only as d	rected in this form and	d in Form
Debtor 1	Susan Karen Orihuela		12	2A-1Sup	p:		
Debtor 2 (Spouse, if filing)				☐ 1. The	ere is no presi	umption of abuse	
	Bankruptcy Court for the: Middle District of F	lorida		ар	plies will be m	o determine if a presul nade under <i>Chapter 7</i>	
Case number				_	,	cial Form 122A-2).	
(if known)						does not apply now be service but it could ap	
				☐ Che	ck if this is a	n amended filing	
Official F	<u>orm 122A - 1</u>						
Chapter	7 Statement of Your Cur	rent Mor	nthly Inc	come	!		10/19
attach a separate case number (if I qualifying militar	and accurate as possible. If two married people as sheet to this form. Include the line number to with the line number of Exemption of Exemptio	nich the additior n a presumption	nal information a of abuse becau	applies. C ise you d	on the top of an	ny additional pages, wri narily consumer debts o	te your name and or because of
	our marital and filing status? Check one on						
•	arried. Fill out Column A, lines 2-11.	у.					
	d and your spouse is filing with you. Fill ou	t hoth Columns	Δ and R lines	2-11			
	d and your spouse is NOT filing with you.			2-11.			
_	ng in the same household and are not legal	•	•	olumns A	and B, lines 2	2-11.	
pen	ng separately or are legally separated. Fill on alty of perjury that you and your spouse are lest apart for reasons that do not include evading apart for reasons that do not include evading.	gally separated	l under nonbar	nkruptcy	aw that applie	es or that you and you	
101(10A). For the 6 months,	example, if you are filing on September 15, the 6-me add the income for all 6 months and divide the total the same rental property, put the income from that property.	onth period would by 6. Fill in the res	be March 1 throsult. Do not include	ugh Augu de any inc	st 31. If the amo	unt of your monthly incor ore than once. For examp	ne varied during ble, if both
				Column Debtor		Column B Debtor 2 or non-filing spouse	
Your gros payroll de	ss wages, salary, tips, bonuses, overtime, a ductions).	and commission	ons (before all	\$	9,676.33	\$	
	and maintenance payments. Do not include is filled in.	payments from	a spouse if	\$	0.00	\$	
of you or from an un and room	nts from any source which are regularly pa your dependents, including child support. nmarried partner, members of your household mates. Include regular contributions from a spo o not include payments you listed on line 3.	Include regular your depende	contributions nts, parents,	\$	0.00	\$	
5. Net incor	ne from operating a business, profession, o						
0	alata (bafara all da dostina)	\$ 0.00	tor 1				
	eipts (before all deductions) and necessary operating expenses	-\$ 0.00					
•	and necessary operating expenses ly income from a business, profession, or farm		Copy here ->	\$	0.00	\$	
	ne from rental and other real property	. •					
	,		tor 1				
	eipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ 0.00	0	•	0.00	•	
Net month	nly income from rental or other real property	\$	Copy here ->		0.00	\$	
7. Interest,	dividends, and royalties			\$	0.00	Φ	

Official Form 122A-1

Debtor 1	Susan Karen Orihuela			Case numbe	r (<i>if known</i>)			
				Column A Debtor 1		Column B Debtor 2 o		
8. U r	nemployment compensation			\$	0.00	\$		
the	o not enter the amount if you contend that the amount is Social Security Act. Instead, list it here:							
	For you \$ For your spouse \$.00_					
9. Pe be no Ur dis pa do	ension or retirement income. Do not include any an inefit under the Social Security Act. Also, except as so to include any compensation, pension, pay, annuity, on inted States Government in connection with a disabilities ability, or death of a member of the uniformed service by paid under chapter 61 of title 10, then include that plays and the estimate of the uniformed service and under chapter 61 of title 10, then include that plays not exceed the amount of retired pay to which you betired under any provision of title 10 other than chapter	nount received that wa tated in the next senter r allowance paid by the ty, combat-related inju- es. If you received an pay only to the extent it would otherwise be e	ence, do ne nry or y retired that it	\$	0.00	\$		
10. Inc Do rec do Ur dis	come from all other sources not listed above. Special properties of not include any benefits received under the Social Sceived as a victim of a war crime, a crime against hur mestic terrorism; or compensation, pension, pay, and ited States Government in connection with a disability, or death of a member of the uniformed servicurces on a separate page and put the total below.	cify the source and an Security Act; payments manity, or internationa nuity, or allowance pai ty, combat-related inju	s Il or id by the Iry or					
	•			\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
	alculate your total current monthly income. Add ling chapter and the total for Column A to the to		\$	9,676.33	+ \$		Total	9,676.33
Part 2:	Determine Whether the Means Test Applies t	o You						
12. C a	alculate your current monthly income for the year	Follow these steps:						
12	a. Copy your total current monthly income from line	1		Сор	y line 11 l	nere=>	\$	9,676.33
	Multiply by 12 (the number of months in a year)						X	12
12	b. The result is your annual income for this part of the	e form				12b	o. \$1	116,115.96
13 C a	alculate the median family income that applies to	vou. Follow these ste	ns:					
	I in the state in which you live.	FL	P 0.					
	The the state in which you live.	1.2						
Fil	I in the number of people in your household.	7						
Fil	I in the median family income for your state and size	of household.				13.	\$ 1	08,091.00
	find a list of applicable median income amounts, go this form. This list may also be available at the bank		pecified	in the separa	ate instruc	tions		
14. H c	ow do the lines compare?							
14	 a. Line 12b is less than or equal to line 13. O Go to Part 3. 	n the top of page 1, cl	neck box	1, There is	no presum	nption of abus	se.	
14	b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2	2, The pre	esumption of	f abuse is	determined b	y Form 1	122A-2.
Part 3:	Sign Below							
	By signing here, I declare under penalty of perjury	that the information of	n this sta	atement and	in any atta	achments is t	rue and	correct.
	X /s/ Susan Karen Orihuela							
	Susan Karen Orihuela Signature of Debtor 1							
С	Date November 20, 2019							

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 54 of 71

Debtor 1	Susan Karen Orihuela	Case number (if known)	
	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form	•	

Fill	in this inf	ormation to identify your case:			Check the	e appropria	ite box as d	directed in
Deb	otor 1	Susan Karen Orihuela			lines 40 c			
Deb	otor 2				According Statement	•	culations req	quired by this
` .	ouse, if filir	G ,			■ 1. Th	ere is no pre	esumption of	f abuse.
		Bankruptcy Court for the: Middle District of Florida			Пать	ere is a pres	sumption of a	ahuse
	se number nown)				1 2. 11	ore is a prec	on phon or c	abdoc.
					☐ Check	if this is an	amended f	filing
		<u>form 122A - 2</u>						
Ch	napter	7 Means Test Calculation						04/19
To f	ill out this	form, you will need your completed copy of Chapter 7 St	atement	of Your Current	Monthly li	ncome (Offi	cial Form 12	22A-1).
spac addi	ce is need itional pag	te and accurate as possible. If two married people are filired, attach a separate sheet to this form, Include the line notes, write your name and case number (if known).						
. a.		·						
1.	Сору уо	ur total current monthly income. Copy line	e 11 fron	n Official Form 1	22A-1 here	9=>	\$	9,676.33
2.	Did you	fill out Column B in Part 1 of Form 122A-1?						
	■ No.	Fill in \$0 for the total on line 3.						
	☐ Yes.	ls your spouse Filing with you?						
	☐ No.	Go to line 3.						
	☐ Yes	s. Fill in \$0 for the total on line 3.						
3.		our current monthly income by subtracting any part of yould expenses of you or your dependents. Follow these step		se's income not	used to pa	y for the		
		1, Column B of Form 122A–1, was any amount of the income s of you or your dependents?	you repo	orted for your spo	use NOT re	egularly used	I for the hous	sehold
	■ No.	Fill in 0 for the total on line 3.						
	☐ Yes.	Fill in the information below:						
	Fo	ate each purpose for which the income was used rexample, the income is used to pay your spouse's tax debt coport other than you or your dependents.	or to	Fill in the amo are subtractir your spouse's	ng from			
				\$				
				\$				
			_	¢				

4. Adjust your current monthly income. Subtract line 3 from line 1.

Total.

\$ 9,676.33

Copy total here=>... - \$ 0.00

0.00

Debtor 1	Susan Karen Orihuela		Case number (if k	nown)		
Part 2:	Calculate Your Deductions from Your Income					
to an	nternal Revenue Service (IRS) issues National and L swer the questions in lines 6-15. To find the IRS star actions for this form. This information may also be a	ndards, go online	using the link specifie	d in the separate	unts	
your a	ct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Doe in line 3 and do not deduct any operating expenses the	o not deduct any ai	nounts that you subtrac	ted fro your spouse's		
If you	r expenses differ from month to month, enter the average	je expense.				
When	never this part of the from refers to you, it means both you	ou and your spouse	if Column B of Form 12	2A-1 is filled in.		
5.	The number of people used in determining your ded	uctions from inco	me			
ı	Fill in the number of people who could be claimed as explus the number of any additional dependents whom you he number of people in your household.					
Natio	nal Standards You must use the IRS Nationa	l Standards to ansv	ver the questions in lines	s 6-7.		
\$	6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.					
t F	Out-of-pocket health care allowance: Using the numb the dollar amount for out-of-pocket health care. The numb people who are 65 or olderbecause older people have nigher than this IRS amount, you may deduct the addition	nber of people is sp a higher IRS allowa	lit into two categoriesp ance for health care cos	eople who are under 6	5 and	
Peop	le who are under 65 years of age					
7	7a. Out-of-pocket health care allowance per person	\$ 55.00	-			
7	7b. Number of people who are under 65	X6				
ī	7c. Subtotal. Multiply line 7a by line 7b.	\$330.00	Copy here=>	\$330.00		
Peop	le who are 65 years of age or older					
7	7d. Out-of-pocket health care allowance per person	\$ 114.00	-			
-	7e. Number of people who are 65 or older	X1				
-	7f. Subtotal. Multiply line 7d by line 7e.	\$114.00	Copy here=>	+\$114.00		
7	7g. T otal. Add line 7c and line 7f		\$444.00_	Copy total here=>	\$444.00	

Debtor 1 Su	san Karen	Orihuela
-------------	-----------	----------

Case number (if known)

Based on information from the IRS, the U.S.	Trustee Program has divided	i the IRS Local Standard	for housing for
bankruptcy purposes into two parts:			

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

9. Housing and utilities - Mortgage or rent expenses:

- 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment	
Bella Vida at Timber Springs	\$	65.00
McCoy Federal Credit Union	\$	575.00
Timber Springs HOA	\$	67.46
Wells Fargo Home Mortgage	\$	1,500.00

Total average monthly payment	\$ 2,207.46	Copy here=>	-\$	Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage	0.00	Сору	0.00
or rent expense). If this amount is less than \$0, enter \$0	\$ 0.00	here=> \$	0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
 - ☐ 0. Go to line 14.
 - 1. Go to line 12.
 - ☐ 2 or more. Go to line 12.
- 12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 210.00

Case number (if known)

13.	You	may r		ie expense i	pense: Using the								
Vel	nicle	1	Describe \	Vehicle 1:	Lease 2017 N Mileage: 29,0		nfinder Vir	n: 5n1dr2m	nn4hc65	9942			
13a.	Own	nership	or leasing	g costs using	IRS Local Stan	dard			\$	5	08.00		
13b.	Do n	not inc	lude costs	for leased v									
	are o	contra		to each sec	payment here a cured creditor in				I .				
		Name	e of each o	creditor for	Vehicle 1		Average r	monthly					
		Niss	an Motor	Acceptar	ce Corp/Infin	ity Lt	\$	575.00					
				Total A	verage Monthly	Payment	\$	575.00	Copy here =>	-\$_	575	Repeat to amount line 33b.	
13c.				ship or lease m line 13a. i	expense this amount is l	ess than \$0,	enter \$0.		\$		0.00	Copy net Vehicle 1 expense here => \$	 0.00
	nicle		Describe \	-									
					IRS Local Stan						0.00		
13e.		rage m ed vel		ment for all	debts secured b	y Vehicle 2.	Do not inclu	ude costs for					
		Name	e of each o	creditor for	Vehicle 2		Average r	nonthly					
							\$						
				Total A	verage Monthly	Payment	\$	_	Copy here => -\$		0.0	Repeat this amount on line 33c.	
13f.				ship or lease m line 13d. it	expense this amount is l	ess than \$0,	enter \$0		\$		0.00	Copy net Vehicle 2 expense here => \$	 0.00
14.					: If you claimed (e regardless of					dards,	fill in the	Public	\$ 0.00
15.	also	deduc	ct a public t	transportatio	n expense: If you on expense, you all Standard for F	may fill in wh	nat you belie					ou may	\$ 0.00

Susan Karen Orihuela

Debtor 1

Oth	er Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	self-employment taxes, soo your pay for these taxes. H	mount that you will actually owe for federal, state and local taxes, such as income taxes, sial security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 om the total monthly amount that is withheld to pay for taxes.		070.04
	Do not include real estate,	sales, or use taxes.	\$	979.34
17.	Involuntary deductions: 7 contributions, union dues, a	The total monthly payroll deductions that your job requires, such as retirement and uniform costs.		
	Do not include amounts that	at are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payr	nonthly premiums that you pay for your own term life insurance. If two married people are nents that you make for your spouse's term life insurance. Do not include premiums for life ents, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	41.50
19.		The total monthly amount that you pay as required by the order of a court or n as spousal or child support payments.		
	Do not include payments or	n past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total month	nly amount that you pay for education that is either required:		
	for your physically or me	entally challenged dependent child if no public education is available for similar services.	\$	0.00
21.		ly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.	•	1,200.00
	Do not include payments for	or any elementary or secondary school education.	\$	1,200.00
22.	that is required for the heal	penses, excluding insurance costs: The monthly amount that you pay for health care th and welfare of you or your dependents and that is not reimbursed by insurance or paid t. Include only the amount that is more than the total entered in line 7.		
	Payments for health insura	nce or health savings accounts should be listed only in line 25.	\$	0.00
23.	for you and your dependen	elephone services: The total monthly amount that you pay for telecommunication services ts, such as pagers, call waiting, caller identification, special long distance, or business cell t necessary for your health and welfare or that of your dependents or for the production of ed by your employer.		
		or basic home telephone, internet and cell phone service. Do not include self-employment eported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	75.00
24.	Add all of the expenses a Add lines 6 through 23.	llowed under the IRS expense allowances.	\$	6,670.84

Add	itional	Expense Deductions These are additional	al deduction	ns allowed by th	e Means Test.		
		Note: Do not includ	e any expe	ense allowances	listed in lines 6-24.		
25.	insuraı	n insurance, disability insurance, and health nce, disability insurance, and health savings a ependents.				r	
	Health	insurance	\$	388.10			
	Disabi	lity insurance	\$	0.00			
	Health	savings account	+ \$	0.00			
	Total		\$	388.10	Copy total here=>	\$	388.10
	Do you	u actually spend this total amount?			-		
		No. How much do you actually spend?					
		Yes	\$				
26.	continu	nued contributions to the care of household ue to pay for the reasonable and necessary ca ousehold or member of your immediate family e contributions to an account of a qualified ABI	re and sup who is una	port of an elderlable to pay for su	y, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00
27.		ction against family violence. The reasonably of you and your family under the Family Violen					
	By law	, the court must keep the nature of these expe	nses confi	dential.		\$	0.00
28.	Additi	onal home energy costs. Your home energy	costs are i	ncluded in your	insurance and operating expenses on		
	If you I	believe that you have home energy costs that n fill in the excess amount of home energy cost		han the home er	nergy costs included in expenses on line		
		ust give your case trustee documentation of your claimed is reasonable and necessary.	our actual e	expenses, and y	ou must show that the additional	\$	0.00
29.	\$170.8	ation expenses for dependent children who 33* per child) that you pay for your dependent elementary or secondary school.					
		ust give your case trustee documentation of your dis reasonable and necessary and not alread					
	* Subje	ect to adjustment on 4/01/22, and every 3 year	s after that	t for cases begu	n on or after the date of adjustment.	\$	200.00
30.	higher	onal food and clothing expense. The month than the combined food and clothing allowand % of the food and clothing allowances in the IF	es in the II	RS National Sta			
		d a chart showing the maximum additional allowations for this form. This chart may also be ava					
	You m	ust show that the additional amount claimed is	reasonab	le and necessar	y.	\$	0.00
31.		nuing charitable contributions. The amount nents to a religious or charitable organization.			ntribute in the form of cash or financial	+\$	0.00
32.		Il of the additional expense deductions. nes 25 through 31.				\$	588.10

Deduc	ctions for Debt Payment						
	or debts that are secured by an inter ans, and other secured debt, fill in I	rest in property that you own, including homines 33a through 33e.	e mort	tgages, vehicle			
	o calculate the total average monthly p editor in the 60 months after you file fo	ayment, add all amounts that are contractually or bankruptcy. Then divide by 60.	due to	each secured			
	Mortgages on your home:					verage monthly ayment	
33a.	Copy line 9b here				=> \$	2,207.	46
	Loans on your first two vehicles:						
33b.	Copy line 13b here				=> \$	575.	00
33c.	Copy line 13e here				=> \$	0.	00
33d.	List other secured debts:			_			
Name	of each creditor for other secured debt	Identify property that secures the debt		Does paymen include taxes insurance?			
				□ No			
-	-NONE-			\ \textstyle \text	\$		
				□ No			
				☐ Yes	\$		
=				□ No			
				☐ Yes	+\$		
=							
33e.	Total average monthly payment. Add	lines 33a through 33d	\$_	2,782.46	Copy total here=>	\$2,782	2.46
		3 secured by your primary residence, a vehi support or the support of your dependents?	cle,				
	No. Go to line 35.						
		ast pay to a creditor, in addition to the payments ession of your property (called the <i>cure amount</i>) e information below.					
Name	e of the creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount	
-NO	NE-			\$	÷ 60 = 3	\$	_
					\neg		
		Tot	al \$_	0.00	Copy total here=>	\$	0.00
		as a priority tax, child support, or alimony - our bankruptcy case? 11 U.S.C. § 507.	hat				
	No. Go to line 36.						
		these priority claims. Do not include current or as those you listed in line 19.					
	Total amount of all past-due	priority claims	\$_	0.00	÷ 60 =	\$	0.00

Debtor 1	Sus	an Karen Orihuela			Ca	ise ni	umber (if known)				
	For more	eligible to file a case under Cha e information, go online using the ons for this form. Bankruptcy Basi	link for <i>Bankruptcy Bas</i>	ics specifie							
	□ No.	Go to line 37.									
	_	Fill in the following information.									
		Projected monthly plan paymen	t if you were filing under	r Chapter 1	3	\$	2,78	32.46			
		Current multiplier for your district Administrative Office of the Unit and North Carolina) or by the Extra (for all other districts).	ed States Courts (for di	stricts in Ala	abama	X	10.00) 			
		To find a list of district multiplier the link specified in the separate be available at the bankruptcy of	instructions for this for						Copy tot	al	
		Average monthly administrative	expense if you were fili	ng under C	hapter 13		\$ 278.	~=	ere=>		278.25
37.		of the deductions for debt pay es 33e through 36.	ment.							\$	3,060.71
Tota	al Deduc	ctions from Income									
38.	Add all d	of the allowed deductions.									
		ne 24, All of the expenses allowed e allowances	d under IRS	\$	6,670.8	4					
	Copy lir	ne 32, All of the additional expens	e deductions	\$	588.1	0					
	Copy lir	ne 37, All of the deductions for de	bt payment	+\$	3,060.7	1_					
			Total deductions	\$	10,319.6	5	Copy total	here	=>	\$	10,319.65
Part 3	: De	termine Whether There is a Pre	sumption of Abuse								
39.	Calculat	e monthly disposable income f	or 60 months								
	39a. Co	opy line 4, adjusted current month	ly income	\$	9,676.3	3					
	39b. Co	opy line 38, Total deductions		-\$	10,319.6	5					
		onthly disposable income. 11 U.S ubtract line 39b from line 39a	C. § 707(b)(2).	\$	-643.3	2	Copy here=>\$		-64	13.32	
	For the	next 60 months (5 years)					_	x 60			
	39d. To	otal. Multiply line 39c by 60		39d.	\$	-38	3,599.20	Copy here=>	\$		-38,599.20
40.	Find out	t whether there is a presumptio	n of abuse. Check the	box that ap	plies:			I			
	■ The I	line 39d is less than \$8,175*. Or	the top of page 1 of th	is form, che	eck box 1, Th	nere	is no presur	nption o	f abuse	. Go to I	Part 5.
		line 39d is more than \$13,650*. 4 if you claim special circumstand		this form, o	heck box 2,	The	ere is a presu	ımption (of abus	e. You n	nay fill out
	☐ The I	line 39d is at least \$8,175*, but	not more than \$13,650	*. Go to line	e 41.						
	*Subject	to adjustment on 4/01/22, and ev	ery 3 years after that fo	r cases file	d on or after	the	date of adjus	stment.			

Case 6:19-bk-07661-LVV Doc 1 Filed 11/20/19 Page 63 of 71

btor 1	Sus	an Karen Orihuela	Case n	number (if known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled on A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.		\$	7	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(Multiply line 41a by 0.25	/ / /	\$	Copy here=>	\$
25	% of y	ne whether the income you have left over after subtracting all allowed de our unsecured, nonpriority debt. e box that applies:		ions is enough to pa	ıy	
	Line	39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> Part 5.	nere is	no presumption of ab	ouse.	
		39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>imption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The				
art 4:	Giv	e Details About Special Circumstances				
	es. Fil ite Yo	in the following information. All figures should reflect your average monthly exm. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.	e expe	enses or income adjus	stments	ach
	G			age monthly expens	se .	
			\$			
			\$			
			\$			
			\$			
F-		n Delaw	_			
rt 5:		n Below gning here, I declare under penalty of perjury that the information on this state	ement	and in any attachmer	nts is true	and correct.
	•	Susan Karen Orihuela		,		
	Sı	Isan Karen Orihuela Inature of Debtor 1				
Da	,	ovember 20, 2019				
	M	M/DD/YYYY				

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 05/01/2019 to 10/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Income by Month:

6 Months Ago:	05/2019	\$8,932.00
5 Months Ago:	06/2019	\$8,932.00
4 Months Ago:	07/2019	\$8,932.00
3 Months Ago:	08/2019	\$13,398.00
2 Months Ago:	09/2019	\$8,932.00
Last Month:	10/2019	\$8,932.00
	Average per month:	\$9,676.33

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

ı re	Susan Karen Orihuela	Debtor(s)	Case No. Chapter	7
	VERIF	FICATION OF CREDITOR	MATRIX	
e abo	ove-named Debtor hereby verifies that	at the attached list of creditors is true and	correct to the best	of his/her knowledge.
ate:	November 20, 2019	/s/ Susan Karen Orihuela Susan Karen Orihuela		

Signature of Debtor

Susan Karen Orihuela 405 Bella Vida Blvd. Orlando, FL 32828 Dept of Ed / Navient Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773 Timber Springs HOA c/o Law Offices of John L. Masi, P.A. 801 N. Orange Ave. Suite 500 Orlando, FL 32801

Sophia Dean The Orlando Law Group 12301 Lake Underhill Rd Suite 213 Orlando, FL 32828 Discover Financial Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850 Timepayment Corp, LLC.

16 New England Executive Office S
Burlington, MA 01803

AmeriFirst 11171 Mill Valley Road Omaha, NE 68154 Fidelity Bank Attn: Bankruptcy Po Box 105075 Atlanta, GA 30348 Universal American Mtg Attn: Bankruptcy Department 15550 Lightwave Dr., Ste 200 Clearwater, FL 33760

Amerifirst Hm Iprvt Fi 11171 Mill Valley Road Omaha, NE 68154 Kohls/Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Wells Fargo Home Mortgage Attn: Bankruptcy Dept P.O. Box 10335 Des Moines, IA 50306

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998 Lawrence Kendall Bowen 204 37th Ave. North #313 Saint Petersburg, FL 33704

Bank Of America 4909 Savarese Circle FI1-908-01-50 Tampa, FL 33634 McCoy Federal Credit Union P.O. Box 593806 Orlando, FL 32859

Bb&t Home Improvement 142 Eastern Blvd Baltimore, MD 21221 Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108

Bella Vida at Timber Springs c/o Bono & Associates 640 E. State Road 434 Suite 3000 Longwood, FL 32750 Navient Attn: Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773

Chase Card Services Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 Nissan Motor Acceptance Corp/Infinity Lt Attn: Bankruptcy Po Box 660360 Dallas, TX 75266 B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

In re	Susan Karen Orihuela		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMP	ENSATION OF ATTORN	EY FOR DI	EBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the f be rendered on behalf of the debtor(s) in contemplation	iling of the petition in bankruptcy, or	agreed to be paid	to me, for services r	
	For legal services, I have agreed to accept		\$	1,400.00	
	Prior to the filing of this statement I have received			1,400.00	
	Balance Due			0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.				
	☐ I have agreed to share the above-disclosed compecopy of the agreement, together with a list of the				law firm. A
5.	In return for the above-disclosed fee, I have agreed to	o render legal service for all aspects o	f the bankruptcy	case, including:	
	 a. Analysis of the debtor's financial situation, and replacements. b. Preparation and filing of any petition, schedules, sometimes. c. Representation of the debtor at the meeting of credits. d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications of the secured credits. 522(f)(2)(A) for avoidance of liens on the secured credits. 	statement of affairs and plan which maditors and confirmation hearing, and a o reduce to market value; exemutions as needed; preparation ar	ay be required; any adjourned hea ption planning	arings thereof;	filing of
5.	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding.			es, relief from sta	y actions or
		CERTIFICATION			
	I certify that the foregoing is a complete statement of bankruptcy proceeding.	any agreement or arrangement for pa	yment to me for i	representation of the	debtor(s) in
	lovember 20, 2019	/s/ Sophia Dean			
I	Pate (Sophia Dean Signature of Attorney			
		The Orlando Law G			
		12301 Lake Underhi Suite 213	II Rd		
		Orlando, FL 32828			
		407-512-4394 sdean@theorlandol	awaroun com		
		Name of law firm	a tr gi oup.com		